

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       | 6        |        | 5-17-01 |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW |          |        |         |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

BEST AVAILABLE COPY

| Claim | Original | Date    |
|-------|----------|---------|
| 1     | ✓        | 5/15/01 |
| 2     | ✓        | 5/15/01 |
| 3     | ✓        | 5/15/01 |
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| 10    | ✓        |         |
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| 20    | ✓        |         |
| 21    | N        |         |
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| 24    | ✓        |         |
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| Claim | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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